



TOWN OF FREETOWN

ABSENCE PAYMENT APPROVAL AUTHORIZATION FORM

DATE: _____

DEPARTMENT NUMBER: _____

DEPARTMENT NAME: _____

The person listed below is hereby authorized to approve payrolls and/or bills for payment from the department budget listed above in my absence.

DEPARTMENT HEAD SIGNATURE

AUTHORIZED PERSON PRINTED NAME & TITLE:

AUTHORIZED PERSON'S SIGNATURE:

BOARD OF SELECTMEN APPROVAL:

cc: Town Clerk
